REPORT OF RECEIPTS AND EXPENDITURES: 31
OF A POLITICAL COMMITTEE 2006 AP 14

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name

HOLLIDAY FOR TOWN COUNCIL

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 984 - 5718

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

2000 W. MORSE DR.

5. City, State, ZIP Code
CICERO IN 46034

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
WILLIAM L HOLLIDAY

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
CICERO TOWN COUNCIL - AT - LARGE

10. County of Residence
HAMILTON

TYPE OF REPORT

11. Check one:
☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____

☐ Final/Disband Committee (lines 12, 19, and 20 must be '0') ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period: From: 1-1-2006 Through: 4-7-2006		
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	0	
15b. Unitemized	0	
15c. Add lines 15a and 15b in both columns SUBTOTAL	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	0	

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns SUBTOTAL	0	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	0	
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

Files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16 C 3-9-4-17 IC 3-9-4-19)

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE ($1,000 CONTRIBUTIONS OR MORE) FILED

(CFA-11)

State Form 48492 (R3/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER	
TOTAL PAGES IN ENTIRE CFA-11 REPORT	

COMMITTEE INFORMATION

Full Name of Candidate (include any nickname) ☐ Check if this is a new name

WILLIAM L HOLLIDAY

2. Committee Telephone Number
(317) 984-5718

Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

2000 W. MORSE DR.

City **CICERO**	State **IN**	ZIP Code **46034**	5. Party Affiliation or If Independent Candidate **REPUBLICAN**

Office Sought (include district number, if any. Not required for exploratory committee.)
CICERO TOWN COUNCIL - AT - LARGE

7. County of Residence
HAMILTON

Reporting Period:
From: **4-8-2006**   Through: **4-30-2006**

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION / FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED / RECEIVED BY
Classification 1. THOMAS A PITMAN BAMBRA K PITMAN 1255 CORAL SPRINGS DR. CICERO IN 46034 Contributor's Occupation (if applicable)	Contributions: ☒ Direct ☐ In-Kind (describe) ___ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	500 00	4-8-2006
Classification 2. BAMBRA PITMAN 1255 CORAL SPRINGS DR. CICERO IN 46034 Contributor's Occupation (if applicable)	Contributions: ☒ Direct ☐ In-Kind (describe) ___ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	500 00	4-8-2006
Classification 3. JEFF & SHARON BISLICH 117 ROYAL PINE LN CICERO IN 46034 Contributor's Occupation (if applicable)	Contributions: ☒ Direct ☐ In-Kind (describe) ___ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	1000 00	4-8-2006

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

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